

FROM: Department Public Works Division Engineering Section _____

Signatures: Department Director [Signature] Division Manager [Signature]

WHAT IS NEEDED:

- Accounting adjustment: Item is budgeted, but funds are in incorrect account line.
- More funds for Budgeted Item: Item is budgeted, but additional funds are required.
- New item: Item is not in this fiscal year's budget.
- Capital Substitution: Substitution or change of a currently budgeted capital item.
- Fund & Acct # _____ Budget Item # _____ Budget Amount \$ _____
- Capital replacement retention: Capital item was slated to be replaced but needs to be retained. BCC# _____

- Describe item and show calculation of all associated costs of item.
- Explain why item is needed. (If equipment is to be replaced, include description, model, year, BCC#)
- Identify source of funds and why these funds are no longer needed for their original intent.
- For savings on capital items give account #, budget item #, amount budgeted, purchase order #, and actual purchase cost.

CR 46A Phase II – DE51291Z (0753-01)

To date, change orders have been issued to the construction contractor (FC-1135) that have resulted in extensions to the contract time of 91 days. A necessary, corresponding amendment to increase the agreement for Construction Engineering and Inspection (CEI) services (PS-535) is presented on the Purchasing agenda for the November 12, 2002 BCC agenda. Funds are available from reserves.

FILL IN THIS PORTION IF A TRANSFER OF FUNDS IS NEEDED: Fund #11500 Fund Name Infrastructure Tax Fund

Fund #12601 Fund Name Arterial Impact Fee

	FUND/ACCOUNT#	AS400 CIP#	PENT CIP#	ACCOUNT TITLE	TOTAL
TRANSFER FROM	999955-59099994			Reserve for Capital Imprv	16,380
	077521-59099994			Reserve for Capital Imprv	74,620
				TOTAL	91,000

	FUND/ACCOUNT#	AS400 CIP#	PENT CIP#	ACCOUNT TITLE	TOTAL
TRANSFER TO	077515-56067000	0753-01	DE51291Z	Roads – CR 46A Phase II	16,380
	077521-56067000	0753-01	DE51291Z	Roads – CR 46A Phase II	74,620
				TOTAL	91,000

CONCURRENCE OF OTHER INVOLVED DIVISIONS (ie:Comp Svcs/hard & sftwr; Fleet/vehicles; Purch/capital; Sppt Svcs; et

Signature _____

Div or Dept _____

OMB RECOMMENDATION: Approval Disapproval Analyst [Signature] Director [Signature]

APPROVING AUTHORITY: ___ OMB Director ___ County Manager x BCC (Meeting Date) 11-12-02

Approved Not approved Date Signed _____ Signature _____

FINANCE: Transfer has been posted Date _____ Signature _____